

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500539

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2					
3					
4					
5					
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10					
11					
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48					
49					
50					
TOTAL IND.	2				
TOTAL DEP.	22	↔	↔	↔	↔
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS